

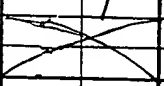
**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

09/807514

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4		2	/	/		
5		0	/	/		
6		0	/	/		
7		0	/	/		
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14		0	/	/		
15		0	/	/		
16	/		/			
17	/		/			
18	/		/			
19		2	/	/		
20		2	/	/		
21		0	/	/		
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50						
TOTAL IND.	8		6			
TOTAL DEP.	25		22			
TOTAL CLAIMS	23		28			

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						